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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN YEMEN

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Obstacles and recommendations

The following <u>obstacles/problems</u> have been identified:

- Inadequate infant feeding practices co-exist with high rates of child (infant and neonate) mortality and malnutrition.
- A low percentage of children initiate breastfeeding early (30%).
- While breastfeeding is widespread – 89% of children are breastfed at 6 months, only around 12% is exclusively breastfed till 6 months.
- The habit of giving other liquids to the baby after birth and before breastfeeding is very common: 80% of children are prematurely introduced to complementary foods as early as 3 months after birth.
  53.1% of children under 6 months suffer stunting and 77 children die before the age of five for every 1000 live births. High rates of child stunting kick in when breastfeeding is stopped and children are introduced to complementary food/milk or other liquids earlier than necessary.
- There are no Baby-Friendly Hospitals in Yemen.
- The 2009 National Nutrition Strategy while proposing a comprehensive approach to breastfeeding does not seem to have been implemented.
- The International Code of Marketing of Breastmilk Substitutes has been partially translated into law through the *Decree 18 of 2002*, however its effective enforcement and monitoring have not been ensured.
- Maternity protection leave is too short, only 60 days; the financial benefits are paid by the employer which may lead to discrimination against women. Big parts of the women working force do not fall into the scope of the maternity protection law (under the labour Code), therefore it is unclear whether these groups are protected.
- It is positive that women can work part-time during their breastfeeding period, however it is unclear whether women are entitled to financial benefits during this period, whether they have the freedom to choose and if this may lead to discrimination against their employment.

Our recommendations:

Take measures to effectively implement the **2009 National Nutrition Strategy** which provides with a wide framework covering all points below:

- Promote **adequate feeding practices** through improving the knowledge and strengthening the capacity of mothers/caregivers/communities.

- In particular analyze the causes of **inadequate complementary feeding** and take measures to address the root-causes.

- Strengthen capacity of **health care professionals** on adequate breastfeeding practices. In particular, strengthen capacity in the health care system to support **early initiation of breastfeeding within one hour from birth**. Implement the **Baby-Friendly Hospital Initiative** (BFHI) throughout the country in order to support long-term sustainable infant feeding practices.

- Take measures to effectively enforce and monitor **regulations of advertisement of breastmilk substitutes** as was adopted by the *Council of Ministers Decree 18 of 2002* which implements the International Code of Marketing of Breastmilk Substitutes. Ensure that sanctions are established in cases of violations.

- **Maternity protection**: Extend duration of maternity leave to 18 weeks, to comply with ILO Recommendation 191. Take measures to protect all working women during maternity, including those working in the informal sector. Clarify whether those women categories not covered under the Labour Code have the right to maternity protection. Reform the financing system for maternity protection to be fully or partly covered by the social security scheme.

1) General points concerning reporting to the CRC

In 2013, the CRC Committee will review Yemen's 4th periodic report.
At the last review in 2005 (session 39), IBFAN presented a report on the state of breastfeeding. In its last Concluding Observations, in para 54-55, the CRC Committee recommended to Yemen to:

> *"a) allocate appropriate financial and human resources […] with special attention to higher female health workers and develop and implement comprehensive policies and programmes to improve the health situation of children; b) emphasise the role of preventive health care; c) continue and strengthen the efforts to decrease the infant, under five and maternal mortality rates through, inter alia, providing ante and postnatal care; d) improve the access to health care…through coordinated and comprehensive health care strategies […]; e) improve access to family planning involving both men and women."*

2) General situation concerning breastfeeding in Yemen

General data

	2008[1]	**2011**[2]	**2007-2012**[3]
Neonatal mortality rate (per 1000 live births)		32	
Infant mortality rate (per 1000 live births)		57	
Under 5 – mortality rate (per 1000 live births)		77	
Maternal mortality ratio (per 100,000 live births) (adjusted)	210		
Delivery care coverage (%): Skilled attendant at birth Institutional delivery C-Section			 36 24 9
Stunting (% under 5 years)			58

According to the Yemen Report 2010 by UNDP[4], malnutrition is very present in Yemen and this is due, in addition to inappropriate nutritional practices and to the widespread poverty, to the lack of awareness on the importance of breastfeeding. This is the case especially in rural areas.

The prevalence of stunting and underweight are higher than the averages of least developing countries, showing the highest in the Middle East countries.

[1] http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Yemen.pdf
[2] http://www.unicef.org/infobycountry/yemen_statistics.html
[3] http://www.unicef.org/infobycountry/yemen_statistics.html
[4] United Nations Development Programme P. 41,
http://www.undp.org.ye/reports/24d06139cb9b57MDG%20Yemen%20English.pdf

The main causes of death among infants and children are neonatal deaths, diarrhoea and pneumonia. According to the Family Health Survey in Yemen, the infant under 5 mortality rate is higher in the rural areas (117.6 per 1,000 live births) than in urban areas (87.3). What is more, it has been highlighted that when mothers under the age of 20 gave birth, the under 5 mortality rate was higher (133 per 1,000 live births) than for mothers who are older (between 97.7 and 110).

Breastfeeding data

	2007-2011[5]
Early initiation of breastfeeding	30%
Children exclusively breastfed (0-5 months)	12%
Introduced to solid food (6-8 months)	76%
Breastfeeding at age 2	-

Early initiation of breastfeeding only concerns 30% of children. This is highly problematic as we know that early initiation of breastfeeding has a high impact in reducing neonates and infant mortality. It's estimated that 22% of newborn deaths could be prevented if breastfeeding started within the first hour after birth, and 16% if breastfeeding started within the first 24 hours[6].

Exclusive breastfeeding practices are not very well widespread in Yemen. Indeed, less than one out of 8 children under 6 months is exclusively breastfed.

The table below provides a presentation of the overall feeding patterns among children 0-35 months for 2005, in Yemen.

The table, summarizing data from the 2005 Yemen Family Health Survey, shows that breastfeeeding is widely practiced: only 11% of children are not at all breastfed at 6 months of age.

However the percentage of *exclusively* children – i.e. feeding children exclusively on breastmilk - is extremely low. The habit of giving other liquids to the baby after birth and before breastfeeding is very common. This means that children are being introduced to water, milks or other foods much earlier than the recommended 6-9 months. Adequate complementary food (solid, semi solid and soft food) should be introduced at 6 to 9 months, while breastfeeding continues until 2 years of age.

[5] http://www.unicef.org/infobycountry/yemen_statistics.html
[6] Superfood For Babies, 2012, http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF

Breastfeeding and complementary feeding in children under 3 years

Age in months	No breast feeding (%)	Exclusive breast feeding (%)	Breastfed with (%)			% use feeding bottle	Infants' Number
			Water	Water, Juice, Liquids	Comple-mentary food/milk		
0 -3	3.6	16.0	23.4	3.4	50.7	41.7	819
4-5	7.7	3.7	13.6	1.7	70.7	52.7	470
6-9	11.1	1.7	8.6	0.7	76.3	51.4	942
10-11	18.6	0.6	3.5	0.6	74.4	54.9	325
12-23	35.8	0.7	2.7	0.4	59.4	48.9	2058
24-35	68.6	0.2	0.5	0.0	24.6	42.7	1294
Total	31.4	3.1	7.0	0.9	55.0	47.6	5909

Source: Yemen Family Health Survey, 2005

In the case of Yemen, the problematic feeding patterns to be changed are:

- A large portion of children under 6 months are being fed with breastmilk and plain water, or formula milk or not breastfed at all.
- A considerable portion of children under 6 months are fed with breastmilk and with complementary food/milk. This shows that complementary food/milk is introduced earlier than the recommended 6-9 months; a considerable increase of complementary food occurs at the age of 4-5 months.
- The portion of children that are weaned prematurely - not breastfed but fed only with other food - increases at 6-9 months and then rapidly at 11-35 months. Ideally, weaning should start only at 22-23 months.

According to the Family Health Survey in Yemen[7], the percentage of stunting by children under 6 months of age is of 53.1%. This rate coincides with the time when exclusive breastfeeding is increasingly stopped and children are fed with other food (the rate for breastfeeding with complementary food/milk goes up to 70.7% between 4-5 months). In addition to being deprived of the nutrients and protective agents provided by breastmilk, these children may not be receiving an adequate and nutritionally rich diet, especially in rural areas. These two factors contribute to the high risk of stunting for children under 6 months.

[7] Yemen Ministry of Public Health, Family Health Survey, 2003, p.126 http://www.mophp-ye.org/arabic/docs/Familyhealth_english.pdf

Between delivery and 3 months, more than two children out of five are fed with bottles, which means that bottle feeding is becoming widespread in the country. This number increases with the age of the baby. It reaches a peak at the age of 11 months and then decreases slowly. However, the percentage of children under 3 being fed with a bottle reminds between 41% and 54.9%, concerning a great portion of children. Evidence shows that bottle-feeding poses major risks to child survival and development. Infants who are not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die of diarrhoea than those who are exclusively breastfed for the first six months of life[8].

3) Government efforts to encourage breastfeeding

2009 National Nutrition Strategy:

According to the WHO[9], Yemen has implemented the **'National Nutrition Strategy'** tackling malnutrition. The Strategy addressed breastfeeding issues and identifies the main challenges to adequate infant and young child feeding. Among the main causes of child malnutrition, the Strategy lists: inappropriate breastfeeding and complementary feeding practices, as well as infectious diseases and insufficient and inadequate food intake. These lead to high rates of growth failure (stunting, wasting, and underweight), high risk of mortality and morbidity, impaired cognitive development as well as low productivity in adulthood.

As a consequence, the Strategy identifies '*Control Child Undernutrition*' as one of the priority goals, and has set the target of reducing the rate of malnourished children by half by the year 2020. The Yemeni government aims not only to promote and protect breastfeeding for at least two years with complementary food, but also exclusive breastfeeding for the first 6 months and early initiation of breastfeeding.

To this purpose, the Strategy proposes a comprehensive set of actions such as to:

- Promote exclusive and continued breastfeeding, as well as appropriate complementary feeding through campaigns and education and counseling for mothers.
- Protect breastfeeding practices from commercial and promotional practices that undermine them, through implementing the regulation of advertisement of breastmilk substitutes[10] and to monitor these commercial practices by inspectors.
- Promote breastfeeding at birth facilities, by implementing and monitoring baby-friendly hospital initiative, training doctors and nurses.
- Strengthen support from families and the health care system for lactating mothers through mobilizing support groups in the communities and advocating with community leader.

[8] Save the Children, 'Superfood for Babies', http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF
[9] WHO, available at: https://extranet.who.int/nutrition/gina/en/node/14851
[10] Council of Ministers Decree 18 of 2002 on Breastfeeding Substitutes regulates and promotes breastfeeding and prohibits the advertisement of milk formula in clinics and hospitals.

- Improve the working environment for lactating mothers by updating a law concerning crèches, breastfeeding breaks, maternity and paternity leaves.
- Raise awareness concerning the importance of the mothers' nutrition, especially when lactating.

However, to date we have no information on the effective implementation of this Strategy and the actions taken by the government to fulfil the objectives laid out in it.

The *2013 Cabinet Decree No (91) concerning Necessary Measures to Address Widespread Malnutrition in the Country* invites the Ministry of Public health, as well as other Ministries to work towards adopting "*a comprehensive national strategy for nutrition which involves all concerned sectors and which defines causes, responses and the relevant implementing agencies*"[11].

This shows that the government is calling for a new Nutrition Strategy, and we are not certain about the follow-up to the existing Strategy. Moreover, any new policy should build on the existing efforts made.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes:
According to the International Code Documentation Centre (ICDC), Yemen has implemented most of the International Code provisions as law.
It has implemented the International Code through the *Council of Ministers Decree 18 of 2002 on Breastfeeding Substitutes regulates and promotes breastfeeding and prohibits the advertisement of milk formula in clinics and hospitals.* During the last review at the CRC in 2005, the CRC Committee welcomed the adoption of this Decree. However, we do not have any information on measures taken by the government to effectively enforce this Decree.
We invite the Committee members to question the government on the effective steps that have been taken to enforce this Decree and its monitoring.

Counelling Corners: The UNICEF Yemen Situation Report of 2012[12] underlines that about 60 Infant and Young Child Feeding corners started to provide counselling on exclusive breastfeeding and appropriate feeding practices. These corners were set at Aden and Lahj health facilities.

4) Baby Friendly Hospital Initiative (BFHI)

In 2002, Yemen had no baby-friendly hospitals at all, according to UNICEF[13].

We do not have any up-to-date information. We invite the CRC Committee to request more information on the state of implementation of the Baby-Friendly Hospital initiative in the country.

[11] WHO, Global Database on the implementation of Nutrition Action (GINA) https://extranet.who.int/nutrition/gina/en/node/14873
[12] UNICEF report, 2012, available at: http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_642.pdf
[13] http://www.unicef.org/programme/breastfeeding/assets/statusbfhi.pdf

5) Maternity protection for working women

Maternity leave applies to all employers and workers except those covered by a special provision of the Labour Code[14]. The excluded categories are employees of the state administration and the public sector, officers of the judiciary and the diplomatic and consular corps, staff of military and security establishments, foreigners, household servants and workers of equivalent status, persons employed in agriculture and pastoral work.

The Committee should ask the government to clarify what are the maternity entitlements of the excluded categories.

However, maternity leave applies to persons employed in agricultural corporations, establishments or associations or in enterprises which process or market their own products, persons who, on a permanent basis, operate or repair mechanical equipment required for agriculture or permanent irrigation works or persons working in livestock husbandry.

Duration: maternity leave covers only **60 days**. A pregnant worker shall be granted a further 20 days leave, in addition to the maternity leave period, if she gives birth to twins, as well as if the labour was difficult as established by a medical report. **The duration of the leave is too short in relation to the recommended 18 weeks by ILO Recommendation 191.**

Financing of benefits: the leave represents 100 per cent of the wage and ids paid by the employer. **This is problematic as it may lead to a de facto discrimination against employment of women.**

In addition to the leave, women's working time is reduced to five hours a day as from their sixth month pregnancy and, if breastfeeding, until the end of the sixth month after childbirth [15]. **However, it is not clear whether this is compulsory or whether women can choose and what are the payment conditions for women during this period. Given that benefits are paid by employers, these conditions can further lead to a bias in employment against women.**

In 2008, **the Committee on Eliminations of all forms of Discriminations Against Women** (CEDAW) pointed to the *occupational segregation* of women in the both public and private sectors, as an important issue related to employment of women in Yemen, which results in a lack of social security or other benefits for this category of working women. That is why the CEDAW Committee recommended to the government of Yemen to "*enact and implement a comprehensive law on gender equality that is binding on both public and private sectors and inform women of their rights under such legislation*"[16].

In 2011, the **Committee on the Economic, Social and Cultural Rights** (CESCR) addressed its concern about the high level of unemployment that affects especially women in rural and remote areas and

[14] The Law No. 25 of 1997, amending certain provisions of the Presidential Order to promulgate the Labour Code No. 5 of 1995 and the Presidential Legislative Order to Promulgate the Labour Code, Act No 5 of 1995
[15] *Presidential Legislative Order to Promulgate the Labour Code, Act No 5 of 1995 §4.*
[16] Para 11, Concluding Observations 2008, available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fYEM%2fCO%2f6&Lang=en

youth. There is also a discrimination against public sector employees and military personnel from the south of Yemen. Therefore, the Committee recommends Yemen to: *"take steps to reduce unemployment, in particular amongst the most disadvantaged and marginalized individuals and groups, including women in rural and remote areas and youth. The Committee also recommends that urgent and effective measures be taken to eliminate discrimination against persons from the south of Yemen within the public sector."*[17]

Yemen has not ratified the ILO Convention 183, 2000.

6) HIV and infant feeding

In Yemen, the prevalence of HIV/AIDS is 0.2% (2011). UNAIDS estimated that in 2012, 19,000 persons were living with HIV[18].

According to the Millenium Development Goals – Yemen Report 2010[19], it is difficult to state exactly the total number of affected people, especially because Yemeni traditions and customs stigmatize the infected patient. HIV/AIDS concerns more men (which represent 66% of the infected persons) than women. Reasons for the spread of this disease would be the poor educational level, poverty, illiteracy and a poor health level. The report states that the Yemeni government made serious efforts and implemented a national strategy for combating and preventing HIV/AIDS. Five free medical care and treatment centers were established and 17 centers for counseling and testing were provided. Moreover, four centers are providing services for the prevention of the mother-to-child virus transmission.

Data sourced from:

http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_642.pdf
http://www.undp.org.ye/reports/24d06139cb9b57MDG%20Yemen%20English.pdf
http://www.unicef.org/infobycountry/yemen_statistics.html
http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Yemen.pdf
http://www.mophp-ye.org/arabic/docs/Familyhealth_english.pdf
http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=YE&p_sc_id=2000&p_year=2011&p_structure=3
http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_642.pdf
https://extranet.who.int/nutrition/gina/en/node/14851
http://www.cmamforum.org/Pool/Resources/YEMEN-National-Nutrition-Strategy-2009.pdf

[17] Para 11, Concluding Observations 2011, available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fYEM%2fCO%2f2&Lang=en
[18] http://www.unaids.org/en/regionscountries/countries/yemen/
[19] Millenium Development Goals – Yemen Report 2010, Abdulkarim Ismail Al-Arhabi, 2010, available at: http://www.undp.org.ye/reports/24d06139cb9b57MDG%20Yemen%20English.pdf